APPLICATION FOR OPTOMETRY LICENSE

State Form 7 (R9/2-00)

Indiana Optometry Board
Health Professions Bureau
402 W. Washington St., Rm 041
Indianapolis, IN 46204
(317) 232-2960

***Your Social Security number is being requested by this state agency in accordance with I.C. 4-1-8-1. Disclosure is mandatory, and this record cannot be processed without it.**

APPLICATION FEE	
DATE FEE PAID (*Month, day, year*)	
RECEIPT NUMBER	
LICENSE NUMBER	
LICENSE ISSUANCE DATE (*Month,day,year*)	

APPLICANT

Attach one (1) passport-quality photograph taken not earlier than one (1) year prior to the date of application, dated and signed on the back. In the applicant's handwriting, put "I certify that this is a true photograph of me."

DO NOT WRITE ABOVE THIS LINE - FOR OFFICE USE ONLY

PLEASE TYPE OR PRINT AND ANSWER ALL QUESTIONS.

APPLICANT INFORMATION

Name of applicant (*last, first, middle, maiden*)		Social Security number*
Address (*number and street or rural route*)		
City	State	ZIP code
Telephone number (*daytime*)	Date of birth (*month, day, year*)	Place of birth (*city and state or country*)

BASIS FOR LICENSURE

Application for licensure by: (*Please check appropriate box.*)

☐ EXAMINATION	☐ ENDORSEMENT

OPTOMETRY SCHOOL OF GRADUATION

Name of school	Location	Date of graduation

EXAMINATION RECORD
NATIONAL BOARD OF EXAMINERS IN OPTOMETRY

National Boards	Date of most recent test (*Month, day, year*)	Where taken (*State*)	How many times
Part I			
Part II			
Part III			
TMOD			
ANY OTHER NBEO EXAMINATION TAKEN?			

STATE BOARD EXAMINATION

If you are applying by endorsement and have not taken Part III of the National Board of Examiners in Optometry (NBEO), please list the State Board Examination you will be endorsing to the State of Indiana.

State	Examination date	License current?
		☐ Yes ☐ No

(*continue on page 2*)

PRE-PROFESSIONAL EDUCATION				
Name of school	Location	From (*month, year*)	To (*month, year*)	Degree

PROFESSIONAL EDUCATION (*SCHOOL OF OPTOMETRY*)				
Name of school	Location	From (*month, year*)	To (*month, year*)	Degree

STATES OF LICENSURE	
Original state of licensure	License number

List all states (*including Indiana)* **in which you have been licensed or certified to practice optometry.**

State	License number	Date issued	Date expires	Issued by examination or endorsement

WHERE YOU HAVE LIVED	
List all the places you have lived since graduation from Optometry School.	
General Location	Dates

WHERE YOU HAVE BEEN EMPLOYED		
List all the places you have been employed since graduation from Optometry School.		
Name and address of employer	Responsibilities	Dates

(*page 2, continue on page 3*)

STATEMENTS	
If your answer is "YES" to any of the following, explain fully in a signed and notarized statement, including all related details. Include the violation, location, date and disposition. If malpractice, provide name(s) of plaintiff(s). Letter(s) from attorney(s) or insurance company(s) are not accepted in lieu of your statement. Falsification of any of the following is grounds for permanent revocation of a license or permit issued pursuant to this application.	
1. Have you ever previously filed an application in the State of Indiana?	☐ YES ☐ NO
2. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held?	☐ YES ☐ NO
3. Have you ever been denied a license, certificate, registration or permit to practice optometry or any regulated health occupation in any state (*including Indiana*) or country?	☐ YES ☐ NO
4. Are you now being, or have you ever been, treated for a drug abuse or alcohol problem?	☐ YES ☐ NO
5. Have you ever been convicted of, plead guilty or nolo contendre to: A. A violation of any Federal, State, or local law relating to the use, manufacturing, distribution or dispensing of controlled substances or drug addiction?	☐ YES ☐ NO
B. Any offense, misdemeanor or felony in any state? (*Except for minor violations of traffic laws resulting in fines.*)	☐ YES ☐ NO
6. Have you ever had a malpractice judgment against you or settled any malpractice action?	☐ YES ☐ NO

APPLICATION AFFIRMATION	
I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct.	
Signature of applicant	Date signed (*month, day, year*)

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Health Professions Bureau of Indiana any files, documents, records or other information pertaining to the undersigned requested by the Bureau, or any of its authorized representatives in connection with processing any application for optometry licensure.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Health Professions Bureau of Indiana to disclose to the aforementioned organizations, persons and institutions any information which is material to my application, and I hereby specifically release the Bureau and Board from any and all liability in connection with such disclosure.

A photostatic copy of the authorization has the same force and effect as the original.

AFFIRMATION	
I hereby swear or affirm that I have read the above statements and agree to same.	
Signature of applicant	Date signed (*month, day, year*)

VERIFICATION OF OPTOMETRIST STATE LICENSURE

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INSTRUCTIONS:

1. Complete this form.
2. Make copies to send to each state in which you hold or have held a license.
3. Request the state(s) to complete and send directly to the address on the right.
4. If you are applying for licensure by endorsement based upon a state constructed examination, the state board must complete the "Endorsement Criteria" section on the back of the verification form.

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APPLICANT INFORMATION		
Name of applicant (*last, first, middle, maiden*)		Social Security number*
Address (*number and street or rural route*)		
City	State	ZIP code
Date of birth (*month, day, year*)	License number	Date of issue
I hereby authorize the state of _____ to furnish the Health Professions Bureau of Indiana with the information below.		
Signature of applicant		Date signed

LICENSE INFORMATION		
License number	Date issued (*month, day, year*)	Expiration date *(month, day, year*)
Has the license been subject to disciplinary action? ☐ Yes ☐ No (If yes, *please attach copies of any disciplinary action taken by your board.*)		

LICENSED BY		
☐ Examination	☐ Endorsement	☐ Other
Licensed by National Board of Examiners in Optometry: ☐ Part I ☐ Part II ☐ Part III ☐ TMOD		
State Constructed Examination administered? ☐ Yes ☐ No	Date of examination (*month, day, year*)	

Name	Please Affix Board Seal
Title	
State Board	
Date	

(*continue on back*)

ENDORSEMENT CRITERIA	
If you are applying for an optometry license based upon a state constructed examination, the state board must complete this section of the form. In order to qualify for an Indiana license, the applicant must have attained an average score of 75, with no score below 65, on a **hands-on clinical** skills examination equivalent to Indiana examination. In order to assist the board with its evaluation, please indicate whether the applicant was required to pass a hands-on clinical test in the following areas and the applicant's score on each test. NOTE: This information is not required if the applicant has passed Part III of the NBEO examination.	
1. Determining refractive status (*e.g. retinoscopy, subjective refraction*)	Score _____ ☐ Hands-on
2. Contact lens fitting (*e.g. insertion, removal, fit evaluation*)	Score _____ ☐ Hands-on
3. Internal eye health evaluation other than direct ophthalmoscopy (*e.g. monocular indirect, binocular indirect, gonioscopy, contact or non-contact fundus lens*)	Score _____ ☐ Hands-on
4. Neurological evaluation (*e.g. fields, pupils, Amsler grid, confrontation*)	Score _____ ☐ Hands-on
5. External eye health (*e.g. slit lamp, ocular motility, foreign body removal*)	Score _____ ☐ Hands-on
6. Binocular function (*e.g. cover test, Worth Four-Dot, Bagolini lenses, Keystone skills*)	Score _____ ☐ Hands-on
7. Case history	Score _____ ☐ Hands-on
8. Ophthalmic materials (*e.g. lens designs, verification, adjustment*)	Score _____ ☐ Hands-on
9. Tonometry	Score _____ ☐ Hands-on
10. Low vision	Score _____ ☐ Hands-on